

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52754

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13		2				
14		2				
15	1					
16	1					
17			1			
18			1			
19			1			
20			1			
21			1			
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23			1			
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42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	21		2			
TOTAL DEP.	17	↔	18	↔		
TOTAL CLAIMS	19		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.				↓		
TOTAL DEP.		↔			↓	
TOTAL CLAIMS				↔		↔